Policy for

First Aid and Illness

Approved by	Development Cttee
Approved on	19.10.26
Review date	On or before 31st Oct 27
Headteacher	

Signed…Steve Dunn….Role…Vice CoG…

Ownership: FGB

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Stockbridge Primary & Pre-School

FIRST AID POLICY
&
ILLNESS IN SCHOOL

Name of School	Stockbridge Primary & Pre-School
Date of Policy Issue/Review	October 2026
Name of Headteacher	Emma Jefferies
Signature of Responsible Manager/Headteacher	

Introduction

Policy Statement

Stockbridge Primary & Pre-School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

Responsibility for first aid at Stockbridge Primary & Pre-School School is held by *Emma Jefferies* who is the responsible manager.

All first aid provision is arranged and managed in accordance with the Children's Services Safety Guidance Procedure First Aid guidance Oct 2024 v4 (found here).

All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

Aims & Objectives

Our first aid policy requirements will be achieved by:

- Carrying out a First Aid Needs Assessment (Appendix A) to determine the first aid provision requirements for our premises
    - It is our policy to ensure that the First Aid Needs Assessment will be reviewed periodically or following any significant changes that may affect first aid provision
    - The Children's Services First Aid Needs Assessment Form (part of the HCC Corporate procedure linked here) will be used to produce the First Aid Needs Assessment for our site
- Ensuring that there are a sufficient number of trained first aiders on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment
- Ensuring the above provisions are clear and shared with all who may require them

First Aid Training

The responsible manager will ensure that appropriate numbers of qualified first aiders, appointed persons and paediatric trained staff (if appropriate) are nominated as identified by completion of the First Aid Needs Assessment and that they are adequately trained to meet their statutory duties.

Qualified First Aid Staff

At Stockbridge Primary & Pre-School all staff are trained in first aid in line with the categories below.

Claire Lawler oversees the first aid kit checks and medication updates and liaises with parents about children's medication and need.

They will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. There may also be other duties and responsibilities which are identified and delegated to the first aider (eg. first aid kit inspections).

Appointed Persons (Emergency First Aid trained staff)

At Stockbridge Primary & Pre-School there are TEN appointed persons (School First Aid trained staff) as outlined in appendix B.

Where the first aid needs assessment identifies that qualified first aid staff are not necessary, the minimum requirement is to appoint a person (the Appointed Person) to take charge of first aid arrangements including looking after equipment/facilities and calling the emergency services .

Paediatric First Aid Trained Staff

At Stockbridge Primary & Pre-School there are TWELVE paediatric first aid trained staff outlined in appendix B.

These staff are in place to meet the Early Years Foundation Stage (EYFS) statutory obligations as well as children's needs across the school.

First Aid Provision

Our First Aid Needs Assessment has identified the following first aid kit requirements:

- THREE first aid kits on the premises
    - One first aid kit is situated in the MEDICAL ROOM, one in PRE-SCHOOL and one in SPRAT & WINKLE. In addition, we have a main first aid kit in a portable bag which is used for lunchtime and playtime cover.
- SEVEN travel first aid kits for use off site.
    - These travel first aid kits will be located in THE MEDICAL ROOM in the main school but must be taken out on every off-site visit.
    - ONE of these first aid kits is kept permanently in the school minibus. These are checked for contents each half term as part of the weekly minibus checks and refilled should they be used in the interim by the person who uses them.

It is the responsibility of the qualified first aiders to check the contents of all first aid kits every half term and record findings on the Children's Services First Aid Kit Checklist (CSAF-003). Completed checklists are to be stored in the Health & Safety file.

The contents of first aid kits are listed under the *'required quantity'* column on the checklist itself and should meet British Standard (BC) 8599 at a minimum. Higher risk areas, forest school for example, may require specialist kit such as burn gel.

The accessible toilet and shower room is designated as the first aid room for treatment, sickness and the administering of first aid. The first aid room will have the following facilities:

- first aid kit, range of glove sizes, chair, sink and accessible toilet along with a yellow bodily fluids bin and a sharps bin.
- Emergency lighting
- Be accessible for a stretcher or chair
- Be identified with the white cross on a green background symbol
- Have hand washing facilities available
- Be clean and ready for immediate use at all times.

When travelling via coach or minibus, these vehicles must, by law, carry an on-board first-aid container, in a prominent position which must be checked as part of the vehicle checks before use.

Emergency Arrangements

Upon being summoned in the event of an accident, the first aider/appointed person is to take charge of the first aid administration/emergency treatment commensurate with their training. Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The first aider/appointed person is to always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents at the earliest opportunity, of their child's accident if it:

- any kind of head injury, however minor
- is considered to be a serious (or more than minor) injury (e.g. where a bite breaks the skin)
- requires first aid treatment (rather than TLC)
- requires attendance at hospital

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents can not be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents at least every hour. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required). Should the injury be minor and dealt with in school without needing to contact parents, a note will be completed detailing the injury and subsequent treatment (even if this is TLC) and this will be sent home with the child at the end of this school day. Every effort will be made to speak to parents about the injury.

In the event that the child requires hospital treatment and the parents can not be contacted prior to attendance, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital.

Records

All accidents requiring first aid treatment are to be recorded with (at least) the following information:

- Name of injured person
- Name of the qualified first aider/appointed person
- Date of the accident
- Place of accident
- Type of accident (eg. bump on head etc)
- Treatment provided and action taken

Where an accident requires time off or treatment by a medical professional or, is a near miss, the School should record and report this incident on the Hampshire County Council's online reporting form available through the intranet H&S pages. The Responsible Manager will work with the member of staff completing this form so that the process is well supported by leadership.

Children becoming ill during the school day

It should be recognised that close contact between children is inevitable and consequently contagious illnesses are quickly passed on. Basic hygiene is taught and includes the use of a handkerchief and the importance of washing hands.

However, it is inevitable that, from time to time, some children will develop an illness during the course of a school day. Whilst sometimes all that is needed is a rest and some TLC, occasionally it may be necessary to send a child home or to the named emergency contact. The decision to send a child home must only be taken by the headteacher or, in her absence, the TLR holder, usually in consultation with one of the school's named first aiders. Emergency contact details should be checked with parents at least annually and parents are encouraged to sign up to Parent Portal with Arbor so that they can proactively keep contact details up to date. We have set any changes to be approved by the school office so that we are abreast of when they happen.

Children returning to school after illness

School is a place where children are engaged in busy and sometimes strenuous activities. Therefore, parents should not allow their children to return to School after illness until they are fully fit. Further guidance on individual illnesses and HSE guidelines are available online and in the HT office in the 'Health Guidance for Schools' file (although the online version should also be checked as this is updated more regularly than the file). The online guidance is available through the Health In Education Hampshire 'Health Protection' pages.

Asthma

Detailed instructions for the treatment of asthma attacks is included as part of this policy statement (see Appendix B).

Hygiene & infection control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids, and disposing of dressings or equipment.

Schools should ensure that domestic and clinical waste is segregated. Used gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Reporting accidents and incidents

All incidents, accidents, near-misses, dangerous occurrences, and work-related ill health in HCC schools should be recorded on the Corporate online incident reporting system (other than minor bumps, which should be recorded locally in each class's red register folder). Refer to HCC Corporate procedure and guidance - Accident and Incident Reporting.

Local arrangements should be in place for accompanying children and vulnerable persons to hospital and for contacting parents/guardians.

Retention of records

Copies of records detailing first aid given to staff members and first aid needs assessments should be kept in accordance with HCC data retention requirements. Any information kept on individuals must follow the General Data Protection Regulation requirements.

Policy Approved/Reviewed: October 2026

Policy review date: October 2027

APPENDIX A

CHILDREN'S SERVICES ASSESSMENT FORM CSAF-002

First Aid Needs Assessment Form

There is a statutory obligation to carry out and periodically review an assessment of first aid provision in every workplace by carrying out a First Aid Needs Assessment. This template form (page 2) and the included guidance aims to help responsible managers to identify, formalise and record what level of first aid provision is needed in their building, premises or for their team.

Arrangements for your first aid provision as identified through this first aid needs assessment would be expected to form the basis of your own first aid policy. Those using this guidance will need to have read the Children's Services Safety Guidance Procedure SGP 08-07 (First Aid)

Assessing the levels

How much first aid provision you require will depend on the circumstances of your workplace. Using this template form, you will be able to assess what facilities, staffing levels and training are appropriate in your workplace. You are advised to consult employees (as appropriate) about the important areas that require consideration such as:

a. Workplace hazards and risks
b. Size of organisation and type of service users
c. History of accidents and incidents
d. Nature and distribution of workforce including remoteness from emergency services
e. Needs of travellers, remote and lone workers
f. Employees working on shared or multi-occupied sites
g. Annual leave and other absences of first aid trained staff and appointed persons

The assessment of how many and what sort of first aiders are needed requires consideration of the hazards of the work itself, the hazards in the workplace and the numbers of those exposed to risk. Managers should already have a clear picture of the risks that their staff are exposed to from the risk assessments already completed. Managers also need to consider the numbers of staff and others who are present in the location being assessed.

National and corporate guidance on minimum levels of first aid provision based on staff numbers only are set out below. However, these minimum levels would need to be increased dependent upon the information determined during the first aid needs assessment itself, such as the number and type of service users on site (eg. children in a school, or five year olds or younger in a centre).

Category of risk	Numbers employed at work	Guidance on number & type of first aid staff to be available on site at any time
Lower Risk eg. primary schools, children centres, some secondary schools, offices, libraries	Less than 25	An Appointed Person
	25 – 50	At least one emergency first aider
	More than 50	One first aider for every 100 employed or part thereof.
Higher risk eg. some secondary schools, workshops, warehousing, use of dangerous machinery use or sharp instrument use, light manufacturing, work with animals or higher risk activities.	Fewer than 5	An appointed person
	5 – 50	At least one first aider (either an emergency first aider or first aider depending on the type of injuries that might occur)
	more than 50	One additional first aider for every 50 persons or part thereof

Appendix B

Stockbridge
Primary and Pre-school

FIRST AID NEEDS ASSESSMENT – Appendix B
October 2026

		EXAMPLE Primary School – 320 pupils and 26 staff		Actual – 155 pupils and 20 staff	
First-aid personnel		**Required Y/N**	**Number needed**	**Actual**	**Who**
First-aider with first aid at work (FAW) Certificate		No	0	0	
First-aider with an emergency first aid at work (EFAW) certificate		Yes	At least 1 on duty at all times while people are at work.		• Emma Jefferies • Debbie Spayes • Shayla Hughes • Natalie Holdich
First-aider with additional training (specify)		Yes	Indicates first-aiders should have training in major illness, paediatric first aid and anaphylaxis. Training can either be provided to existing EFA qualified staff or alternatively staff can be trained in paediatric first aid.	19	Paediatric FA As above PLUS • Kerry Evans • Sophie Penfold • Leigh-Anne Saunders • Debbie Spayes • Claire Lawler • Steve Minney • Laura Morris • Shayla Hughes • Beccy Dodman • Jess White • Evie Mobley Down • Millie Aplin-Haynes • Laura Futcher • Fiona Freeman • Lauren O'Donnell • Caroline Thomas • Nikki Measham • Natalie Holdich • Emma Jefferies
Appointed person		Yes	1	1	Claire Lawler
First-aid equipment and facilities		**Required Y/N**	**Number needed**		
First-aid Container		At least 2	Locations easily accessible across the school	4	1- Pre-School 2- Medical Room 3- Sprat & Winkle classroom 4- Minibus
Additional equipment (specify)		No	0	1	Portable first aid container on the playground at breaks and lunches.

Travelling first-aid kit	No	0	7	All in bum bags or carry bags and stored in the main school office Used for outside in pre-school. Kept on hooks outside door to pre-school (one near main door)
First-aid room	Yes	1	2	Medical room in main school Medical room in Pre-School
Minibus	Y	1	2	One kept in the carry case above the drivers head and the other in the travelling seat protector so it can be accessed from the back of the minibus.

APPENDIX C

First aid needs assessment completion		
Manager's comments		
All staff, as of October 2026 are now trained in first aid which meets legal requirements and goes well beyond. This policy ensures that any member of staff can support a child or adult on site and on visits. In 2027, we will train 2 staff on outdoor first aid in line with our forest school provision.		
Name of manager	**Signature of manager**	**Date**
Emma Jefferies		14.10.26
Assessment reviews		
What needs to be done in the next 12 months to maintain suitable first aid provision?	• Ensure a 6month review on all IHCPs in February and check medication is in date still.	
Who is checking that it has been done?	EJ	
Who is tasked with doing it and by when?	Training – Debbie Spayes First aid kit checks – Claire Lawler IHCPs – Claire Lawler & Emma Jefferies	

Review date	Reviewed by	Reviewer signature	Remarks
March 2027			

Appendix D

First aid materials, facilities and equipment (first aid kits)

First aid box contents

There is no mandatory list of items to be included in a first aid kit. The contents should reflect the conclusions of the first aid needs assessment. As a guide, where work activities are low-risk (for example, desk-based work) a minimum first aid kit might contain:

- a leaflet with general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work)
- individually wrapped sterile plasters of assorted sizes
- sterile eye pads
- individually wrapped triangular bandages, preferably sterile
- safety pins
- large and medium-sized sterile, individually wrapped, unmedicated wound dressings
- disposable gloves

Peripatetic/vehicle first aid box contents (including Minibus)

The Health and Safety Executive recommends that, where there is no special risk identified, a minimum stock of first aid items for travelling first aid containers is:

- a leaflet giving general advice on first aid
- six individually wrapped sterile adhesive dressings
- one large sterile unmedicated wound dressing – approx. 18cm x 18cm
- two triangular bandages
- two safety pins
- individually wrapped moist cleansing wipes
- one pair of disposable gloves

Transport regulations require that all minibuses and public service vehicles used either as express carriage or contract carriage have on board a first aid container *(in a prominent position, maintained in a good condition, and readily available for use)* with the following:

- ten antiseptic wipes, foil packaged
- one conforming disposable bandage (not less than 7.5cm wide)
- two triangular bandages
- one packet of 24 assorted adhesive dressings

- three large sterile unmedicated ambulance dressings (not less than 15cm x 20cm)
- two sterile eye pads, with attachments
- twelve assorted safety pins
- one pair of rust less blunt-ended scissors

First aid rooms and facilities

Existing first aid rooms must:

- be identified with the white cross on green background symbol
- be clean and ready for immediate use
- be appropriately stocked
- have hand-washing facilities
- be close to toilet facilities
- be easily accessible to stretchers and other equipment needed to convey patients to and from the room
- where practical be sited on the ground floor near a suitable external exit route
- have emergency lighting where necessary
- have good communication either via a telephone or be located in areas constantly occupied to avoid leaving a casualty should further assistance be needed

If a site does not have a first aid room but the results of the first aid needs assessment suggest it should have, then you should contact your Health and Safety Adviser(s).

Defibrillators

It is not currently a requirement to provide Automated External Defibrillators (AEDs) on site. We do hold a defibrillator in the entrance foyer. This is checked each half term by the appointed person. The need for defibrillators should be considered and decided upon locally through the first aid needs assessment as should the access to, training and maintenance of the equipment.

APPENDIX E

WHAT TO DO IF A CHILD HAS AN ASTHMA ATTACK

Assess the child's condition using the guidelines below:

REGARD THE ATTACK AS MILD TO MODERATE IF:

- The child feels breathless but can speak normally.
- Is coughing and/or wheezing (wheezing may or may not be present).
- Has a tight feeling in the chest or throat.
- Looks well.

TREATMENT OF MILD TO MODERATE ATTACK

- Give or allow the child to take two puffs of their own BLUE RELIEVER INHALER.
- As soon as the child feels, better they can return to school activities.
- If symptoms reappear within FOUR HOURS.
- Give TWO MORE PUFFS of their own BLUE RELIEVER INHALER.
- Call the parents to take them home to see a doctor.

IF THE BLUE RELIEVER INHALER GIVES NO RELIEF
FOLLOW INSTRUCTIONS FOR SEVERE ATTACK

REGARD THE ATTACK AS SEVERE IF:

- The child is too breathless to complete sentences.
- Is blue around the lips.
- The child seems confused.
- Is exhausted.
- The BLUE RELIEVER INHALER does not work.

TREATMENT OF A SEVERE ATTACK

- Keep calm.
- Keep the child sitting upright, leaning slightly forward. not lying down.
- Allow the child space to breathe, loosen tight clothing around the neck.
- Give two puffs of the child's own BLUE RELIEVER INHALER, wait five minutes.
- If no improvement, give two more puffs of Ventolin, using the schools emergency Ventolin and spacer.
- Dial 999 for an ambulance or take the child to hospital, and keep on giving two puffs of Ventolin through the spacer every five minutes till you get to medical help.